BEST AVAILABLE COPV

TOTAL ALL BIOMITOR LEE DE LENVINATION RECOR	PATENT	APPLICATION	FEE	DETERMINATION	RECORD
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Effective January 1, 2004

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177	1-400	0

Application or Docket Number

		CL AUMO A	0 511 50	DADT				 -L-				
		CLAIMS A	(Colum		-	umn 2)	_	SMALL I	ENTITY	OR		R THAN ENTITY
T	OTAL CLAIMS	S						RATE	FEE	٦¨¨	RATE	FEE
FOR			NUMBE	NUMBER FILED NU		MBER EXTRA		BASIC FE	E \$375	OR		
Ţ	OTĄL CHARGE	ABLE CLAIMS	m	inus 20=	*			X\$ 9=		OR	X\$18=	
IN	DEPENDENT C	CLAIMS	· n	ninus 3 =	*			X43=		7	X8 6 =	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	 	OR		
*	* If the difference in column 1 is less than zero, enter "0" in column 2								 	OR	<u> </u>	
		CLAIMS'AS	•					TOTAL	<u></u>	OR	TOTAL	TUAN
_	604	(Column 1)		(Colun	nn 2)	(Column 3)	_	SMALL	ENTITY	OR		R THAN ENTITY
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	+ 20	Minus	* 5	a	=		X\$ 9=		OR	X\$18=	
AME	Independent	ENTATION OF M	Minus	***	8	=		X43≅		OR	X8 6 =	
	ritot Phesi	ENTATION OF M	OLIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
	01010	1					Ĺ	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
4	814100	(Column 1)	The management of a	(Colum		(Column 3)			-			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 20	Minus	** 5	2	=		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	<u> </u>	(8)	= -		X4 3 =		OR	X8 6 =	
	THOTPRESE	MATIONOFIN	JUINTE DE	PENDENT	CLANVI			+145=		OR	+290=	
	•	•					L .	TOTAL DDIT. FEE			TOTAL DDIT. FEE	
		(Column 1)		(Colum		(Column 3)	7.11					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X4 3 =		OR	X86=	
	rino i PMESE	NTATION OF MU	JUHPLE DEF	(ENDENT (LAIM			+145#			+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

PATENT	APPITCATION	FEE DETERMINATION RECORD
1017	AL LEICHTION	TEE DETERMINATION RECORD

Effective January 1, 2004 09/462796												
	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY											
TOTAL CLAIMS							· R/	TE	FEE	٦ ٔ	RATE	FEE
FOR NL				NUMBER FILED NUME		BER EXTRA	BASI	C FEE	\$375	OR	BASIC FEE	\$750
TOTAL CHARGEABLE CLAIMS minus 20= *					*		X\$	9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 = *					*	· · · · · · · · · · · · · · · · · · ·	X4		 	1		
MULTIPLE DEPENDENT CLAIM PRESENT					$\overline{\Box}$	^4)= 	<u> </u>	OR	X8 6 =		
* If the difference in column 1 is less than zero, enter "0" in column 2							+14	5=		OR	+290=	
7 (1						column 2	TO	ΓAL		OR	TOTAL	
	1/13/00	CLAIMS'AS A	MENDE	D - PAR Colun)	T nn 2)	(Column 3)	SM	ALL I	ENTITY	OR	OTHER SMALL	THAN ENTITY
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	* 50	Minus	** .5	2	1	X\$	9=		OR	X\$18=	
AME	Independent	+ 16	Miņus	*** (8	=	X4:	3,5		OR	X86=	
<u> </u>	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		+14	5=		OR	+29 0=	
								TAL		 	TOTAL	
	4/29/02	(Column 1)		(Colum	ın 2)	(Column 3)	ADDIT.	FEE		1011	ADDIT. FEE	
IENTAB		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	* 50	Minus	** 5	2	=	X\$ 9)=		OR	X\$18=	
AME	Independent	* (6	Minus	<u> </u>	8	= -	X43	_		OR	X8 6 =	
	rino i Priese	NTATION OF MU	JUIPLE DE	ENDENT	CLAIM	·	+145	i=		OR	+290=	
. •	1 1						TO ADDIT.	TAL EE		OR ,	TOTAL ADDIT. FEE	
	1/27/03	(Column 1)	277 2 . ew? .	(Colum		(Column 3)					•	
AMENDMENTS		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT , EXTRA	RAT		ADDI- FEE		RATE	ADDI- TIONAL FEE
NON NO	Total	. 20	Minus	** 53	<u>)</u>	=	X\$ 9	=		OR	X\$18=	·
ME	Independent		Minus `	*** ('	8	=	X43		=	ŀ	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM			+	\rightarrow	OR	7,002	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

Application or Docket Number